

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | | | |
|------------------------|--|--|--|
| Application Number | | | |
| Filing Date | | | |
| First Named Inventor | | | |
| Title | | | |
| Art Unit | | | |
| Examiner Name | | | |
| Attorney Docket Number | | | |

I hereby appoint:



Practitioners at Customer Number

Place Customer
Number Bar Code
31301
Label here

PATENT & TRADEMARK OFFICE

OR

 Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:



The above-mentioned Customer Number.

OR



Practitioners at Customer Number.

Place Customer
Number Bar Code
Label here

OR

| | | | |
|----------------------------|--|--|--|
| Firm or Individual Name | | | |
|----------------------------|--|--|--|

Address

| | | | |
|---------|--|--|--|
| Address | | | |
|---------|--|--|--|

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|----------------------------|-----------|---------------------|
| Name | <i>Howard Keith Grosby</i> | | |
| Signature | <i>Howard Keith Grosby</i> | | |
| Date | <i>03-00-03</i> | Telephone | <i>540-862-7308</i> |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

| | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | *Total of _____ forms are submitted. |
|--------------------------|--------------------------------------|

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| | |
|--------------------------|---------------------|
| Attorney Docket Number | CROSBY-1 |
| First Name Inventor | Howard Keith Crosby |
| COMPLETE IF KNOWN | |
| Application Number | |
| Filing Date | |
| Art Unit | |
| Examiner Name | |

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

One piece eaves treatment combining rain gutter, leaf screen, drip edge, fascia, and soffit vent.

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | YES | NO |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: Customer Number _____ OR Correspondence address belowor Bar Code Label 

31331

Rodney A. Corl

PATENT & TRADEMARK OFFICE

Name

2338 Catawba Rd.

Address

Troutville

Virginia

24175

City

State

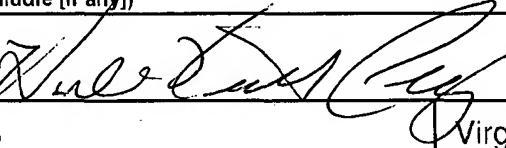
ZIP

USA
Country540-992-5475
Telephone540-992-3850
Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

| | | | |
|-----------------------------|--------------|-------------|--------|
| Given Name | Howard Keith | Family Name | Crosby |
| (first and middle [if any]) | | or Surname | |

| | | |
|----------------------|---|------|
| Inventor's Signature |  | Date |
|----------------------|---|------|

06/26/2003

| | | | |
|-----------------|----------|---------|-------------|
| Millboro | Virginia | USA | USA |
| Residence: City | State | Country | Citizenship |

| | |
|-----------------|----------------|
| Mailing Address | Rt.1 box 192-2 |
|-----------------|----------------|

| | | | |
|----------|----------|-------|---------|
| Millboro | Virginia | 24460 | USA |
| City | State | ZIP | Country |

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

| | |
|-----------------------------|-------------|
| Given Name | Family Name |
| (first and middle [if any]) | or Surname |

| | |
|----------------------|------|
| Inventor's Signature | Date |
|----------------------|------|

| | | | |
|-----------------|-------|---------|-------------|
| Residence: City | State | Country | Citizenship |
|-----------------|-------|---------|-------------|

Mailing Address

| | | | |
|------|-------|-----|---------|
| City | State | ZIP | Country |
|------|-------|-----|---------|

 Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.